

PHI DELTA EPSILON

Have you been a previous member of Phi Delta Epsilon? YES_____ NO_____

Please note that if you were not a recent member prior to this application, you will be required to pay the new member dues but will not be required to attend the new member meetings and events.

NAME: _____ DATE: _____

LAST FIRST MIDDLE

PHONE#: _____ DATE OF BIRTH: _____

School Information

Major: _____

Minor: _____

Expected year of Graduation:_____ Current Year:_____

E#:_____ Eagles E-mail:_____

GPA (Current Freshman status, please put high school GPA):_____

Chemistry/Biology Course Currently enrolled in (please specify Instructor): _____

Extracurricular activities (music,sports,clubs,etc.):_____

What kinds of events would you be interested to attend in the future? (ex. Medical schools, health fairs, etc.): _____

Would you be interested in driving? YES _____ NO _____

Shirt size _____ Sweater Size _____

Personal Information

Future/dream profession(s): _____

Are you interested in becoming a leader in the near future? YES _____ NO _____

Please attach current class, work, sport, or any other extracurricular activity schedules AND a current headshot of you (no later than 3 months old).

I hereby state that I have thoroughly read the Phi Delta Epsilon contract and membership pamphlet.

Signature

Date

Membership Dues:

Once accepted we will contact you about your payment. If you have financial problems, please contact us ASAP.

____ Returning Member: **\$ 200.00**

____ New Member: **\$250.00**

BOARD USE ONLY

FEE PAID: Y N APPROVED BY: Date:

BOARD USE ONLY:

Short Answer (*new members only*)

Please answer the following questions.

1. Why are you interested in joining Phi Delta Epsilon?
2. Explain an instance where you have demonstrated “Facta-Non-Verba: Deeds Not Words.”
3. Why did you decide to become a physician/medical professional and how do you plan to use your time as an undergraduate student to reach your goal?
4. Please list all other **current** leadership positions/activities and time commitments.
5. Are you a Phi Delta Epsilon legacy? (Anyone in your family that has been a part of Phi Delta Epsilon International Medical Fraternity.) List their names and school(s) attended. (Vice President of Recruitment will verify with the Executive Office)